

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <p>FEE TRANSMITTAL for FY 2005</p> <p><small>Patent fees are subject to annual revision.</small></p> </div> <div style="text-align: right;"> <p>Complete if Known</p> </div> </div>													
<p>APR 17 2006</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/014,904</td></tr> <tr><td>Filing Date</td><td>December 14, 2001</td></tr> <tr><td>First Named Inventor</td><td>Pete A. Hawkins</td></tr> <tr><td>Examiner Name</td><td>Patel, Nimesh G.</td></tr> <tr><td>Art Unit</td><td>2112</td></tr> <tr><td>Attorney Docket No.</td><td>42390P13516</td></tr> </table>	Application Number	10/014,904	Filing Date	December 14, 2001	First Named Inventor	Pete A. Hawkins	Examiner Name	Patel, Nimesh G.	Art Unit	2112	Attorney Docket No.	42390P13516
Application Number	10/014,904												
Filing Date	December 14, 2001												
First Named Inventor	Pete A. Hawkins												
Examiner Name	Patel, Nimesh G.												
Art Unit	2112												
Attorney Docket No.	42390P13516												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 40%;">(\$)</td> <td style="width: 40%;">0.00</td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$)	0.00									
TOTAL AMOUNT OF PAYMENT	(\$)	0.00											

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: _____ Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input checked="" type="checkbox"/> Credit any overpayments	
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	

FEE CALCULATION																																														
1. EXTRA CLAIM FEES																																														
Total Claims 23 3* = 0 x 50.00 = \$0.00		Extra Claims 0 x 200.00 = \$0.00		Fee from below 0 x 200.00 = \$0.00																																										
Independent Claims 5 7* = 0 x 200.00 = \$0.00		Multiple Dependent 0 x 200.00 = \$0.00		Fee Paid 0.00																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>790</td> <td>2204</td> <td>395</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td></td> <td>2205</td> <td></td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table>						Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)		1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	360	2203	180	Multiple Dependent claim, if not paid	1204	790	2204	395	**Reissue independent claims over original patent	1205		2205		**Reissue claims in excess of 20 and over original patent	SUBTOTAL (1)				(\$)	0.00
Large Entity		Small Entity		Fee Description																																										
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																											
1202	50	2202	25	Claims in excess of 20																																										
1201	200	2201	100	Independent claims in excess of 3																																										
1203	360	2203	180	Multiple Dependent claim, if not paid																																										
1204	790	2204	395	**Reissue independent claims over original patent																																										
1205		2205		**Reissue claims in excess of 20 and over original patent																																										
SUBTOTAL (1)				(\$)	0.00																																									
<p style="text-align: right;">**or number previously paid, if greater. For Reissues, see below</p>																																														
2. ADDITIONAL FEES																																														
Large Entity		Small Entity		Fee Description																																										
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																									
1051	130	2051	65	Surcharge - late filing fee or oath																																										
1052		2052		Surcharge - late provisional filing fee or cover sheet.																																										
2053		2053		Non-English specification																																										
1251		2251		Extension for reply within first month																																										
1252		2252		Extension for reply within second month																																										
1253		2253		Extension for reply within third month																																										
1254		2254		Extension for reply within fourth month																																										
1255		2255		Extension for reply within fifth month																																										
1401		2401		Notice of Appeal																																										
1402		2402		Filing a brief in support of an appeal																																										
1403		2403		Request for oral hearing																																										
1451	1,510	2451	1,510	Petition to institute a public use proceeding																																										
1460		2460		Petitions to the Commissioner																																										
1807		1807		Processing fee under 37 CFR 1.17(q)																																										
1806		1806		Submission of Information Disclosure Stmt																																										
1809		1809		Filing a submission after final rejection (37 CFR § 1.129(a))																																										
1810		2810		For each additional invention to be examined (37 CFR § 1.129(b))																																										
Other fee (specify) _____																																														
SUBTOTAL (2)				(\$)																																										

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Mark L. Watson	Registration No. (Attorney/Agent)	46,322	Telephone	(303) 740-1980
Signature				Date	04/12/06